



## Secure Facility Vulnerability Assessment

Annual Assessment: ☐      Review for Deficiency Correction: ☐

Facility Inspected: \_\_\_\_\_

Area Inspected: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

| A. Lighting and Cameras                              |                                                   | Yes | No | N/A | Action Plan |
|------------------------------------------------------|---------------------------------------------------|-----|----|-----|-------------|
| 1.                                                   | Is lighting in unit adequate and functioning?     |     |    |     |             |
| 2.                                                   | Are exterior lights adequate and functioning?     |     |    |     |             |
| 3.                                                   | Are there dark areas not reached by lighting?     |     |    |     |             |
| 4.                                                   | Are security cameras adequate and functioning?    |     |    |     |             |
| 5.                                                   | Are there any blind spots in camera range?        |     |    |     |             |
| 6.                                                   | Are critical lighting areas on generator back-up? |     |    |     |             |
| <b>B. Blind Spots/Areas Not Visible to Employees</b> |                                                   |     |    |     |             |
| 1.                                                   | Are there blind spots in hallways?                |     |    |     |             |
| 2.                                                   | Are there blind spots in juvenile rooms?          |     |    |     |             |
| 3.                                                   | Are there blind spots outside the unit?           |     |    |     |             |
|                                                      |                                                   |     |    |     |             |
| <b>C. Common Areas on Campus</b>                     |                                                   |     |    |     |             |
| 1.                                                   | Is lighting on campus adequate and functioning?   |     |    |     |             |
| 2.                                                   | Are there dark areas not reached by lighting?     |     |    |     |             |
| 3.                                                   | Are security cameras adequate and functioning?    |     |    |     |             |
| 4.                                                   | Are there any blind spots in camera range?        |     |    |     |             |
| 5.                                                   | Are there campus areas that have blind spots?     |     |    |     |             |
|                                                      |                                                   |     |    |     |             |
| <b>D. Radio Communication</b>                        |                                                   |     |    |     |             |
| 1.                                                   | Are there dead spots in radio communication?      |     |    |     |             |
| 2.                                                   | Are all radios in working condition?              |     |    |     |             |
| 3.                                                   | Is everyone equipped with a radio?                |     |    |     |             |
| 4.                                                   | Are spare batteries easily accessible?            |     |    |     |             |
|                                                      |                                                   |     |    |     |             |

| E. Classrooms               |                                                                      | Yes | No | N/A | Action Plan |
|-----------------------------|----------------------------------------------------------------------|-----|----|-----|-------------|
| 1.                          | Are there blind spots in the classrooms?                             |     |    |     |             |
| 2.                          | Are all class movements monitored?                                   |     |    |     |             |
| 3.                          | Are locked supply cabinets provided?                                 |     |    |     |             |
|                             |                                                                      |     |    |     |             |
| F. Office Areas             |                                                                      |     |    |     |             |
| 1.                          | Do all offices have windows?                                         |     |    |     |             |
| 2.                          | Are there blind spots in the offices?                                |     |    |     |             |
| 3.                          | Is lighting adequate and functioning?                                |     |    |     |             |
|                             |                                                                      |     |    |     |             |
| G. Bathroom Areas           |                                                                      |     |    |     |             |
| 1.                          | Are toilet/shower areas multi-use?                                   |     |    |     |             |
| 2.                          | Do toilet/shower areas allow direct supervision?                     |     |    |     |             |
| 3.                          | Is ingress/egress to toilet/shower area controlled?                  |     |    |     |             |
|                             |                                                                      |     |    |     |             |
| H. Visitation Areas         |                                                                      |     |    |     |             |
| 1.                          | Is there controlled ingress/egress in visitation areas?              |     |    |     |             |
| 2.                          | Are there separate rest room facilities for juveniles and visitors?  |     |    |     |             |
| 3.                          | Are there visual obstructions or blind spots?                        |     |    |     |             |
| 4.                          | Is there video monitoring?                                           |     |    |     |             |
|                             |                                                                      |     |    |     |             |
| I. Supervision of Juveniles |                                                                      |     |    |     |             |
| 1.                          | Do employees maintain continual visual supervision of all juveniles? |     |    |     |             |
| 2.                          | Do employees conduct face to name counts?                            |     |    |     |             |
| 3.                          | Do employees notify main control of all juvenile movement?           |     |    |     |             |
| 4.                          | Do employees continually patrol their assigned areas?                |     |    |     |             |
|                             |                                                                      |     |    |     |             |

If this is an initial or annual assessment, date follow-up assessment will be conducted, if needed:

Date: \_\_\_\_\_

Who will conduct the follow-up assessment? : \_\_\_\_\_